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Bib Data Sheet

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| SERIAL NUMBER 10/733,646 | FILING OR 371(c) DATE 12/12/2003 RULE | CLASS 435 | GROUP ART UNIT 1644 | ATTORNEY DOCKET NO. PF403D2 |
| APPLICANTS Reinhard Ebner, Gaithersburg, MD; Steven M. Ruben, Brookeville, MD; | | | | |
| ** CONTINUING DATA ***** This application is a DIV of 10/187,904 07/03/2002 PAT 6,683,161 which is a DIV of 09/229,583 01/13/1999 PAT 6,489,138 which claims benefit of 60/071,330 01/14/1998 and claims benefit of 60/075,278 02/19/1998 | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 03/15/2004 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____ | | STATE OR COUNTRY MD | SHEETS DRAWING 7 | TOTAL CLAIMS 25 |
| INDEPENDENT CLAIMS 7 | | | | |
| ADDRESS 22195 | | | | |
| TITLE ANTIBODIES TO HUMAN EPENDYMIN | | | | |
| FILING FEE RECEIVED 1204 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |

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